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CONFIRMATION NO. 9088

<b>SERIAL NUMBER</b> 10/662,137	<b>FILING DATE</b> 09/12/2003  <b>RULE</b>	<b>CLASS</b> 514	<b>GROUP ART UNIT</b> 1614	<b>ATTORNEY DOCKET NO.</b> 18205-00002
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**APPLICANTS**

Jeffrey R. Fine, Charlestown, MA;

**\*\* CONTINUING DATA \*\*\*\*\***  
*PS*  
 This appln claims benefit of 60/410,633 09/13/2002

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***  
*None*

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* SMALL ENTITY \*\***  
**\*\* 12/22/2003**

Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Examiner's Signature _____ Initials <i>PS</i>	<b>STATE OR COUNTRY</b> MA	<b>SHEETS DRAWING</b> 0	<b>TOTAL CLAIMS</b> 20	<b>INDEPENDENT CLAIMS</b> 3
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**ADDRESS**  
 MIRICK O'CONNELL  
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 WESTBOROUGH, MA  
 01581-3941

**TITLE**  
 Method of alleviating barometric-induced symptoms in airline passengers

<b>FILING FEE</b>  <b>RECEIVED</b> 450	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____
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